

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Heartland Values PAC

**A.**

Full Name (Last, First, Middle Initial)

Dr. David L Elson

Mailing Address 513 E. Plum Creek Rd

City

Sioux Falls

State

SD

Zip Code

57105-6950

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Avera Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: A9876216FD39642CA9C9

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Elsa D Prince Broekhaizen

Mailing Address 190 River Ave #3

City

Holland

State

MI

Zip Code

49423-2825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: A17B320D6C520471591B

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

William H Simpson

Mailing Address 2532 Hepplewhite Dr

City

York

State

PA

Zip Code

17404-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation  
Corporate Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: AD9B14261B3B24947A5A

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....